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Department of Health and Family Services

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HI-LIGHTS AND SIRENS Memo Series 01-01

January 2001

TO: Ambulance Service Providers
Ambulance Service Medical Directors
EMS Training Centers
First Responder Organizations
EMS Coordinators
EMS Advisory Board
Emergency Physicians Advisory Committee

FROM: Bureau of EMS and Injury Prevention
Wisconsin Emergency Medical Services Systems Section

RE: **MISCELLANEOUS UPDATES**

HAPPY NEW YEAR!!

Thanks to all for the hard work, support & achievements of the past year. Sometimes we lose track of the potential impact we make on others. There are very few professions that influence people's lives, emergency response, special populations and prevention like we do. You impact thousands of people in this state.

Have a safe and peaceful holiday season & seasons greetings from the staff at the Division of Public Health, Bureau of EMS and Injury Prevention.

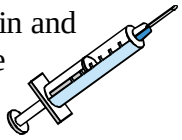
RENEWAL UPDATE

The staff of the Division of Public Health, Bureau of EMS and Injury Prevention, EMS Systems Section would like to thank all providers and EMTs for their patience and help in getting through another renewal year. We are looking at some changes to make the next renewal period more efficient. EMTs can help by completing the required refresher training early in the renewal period and preferably before January 2002.

Licenses have been processed and mailed both to individuals and providers. If you have not yet received an individual renewal license or provider renewal license, please contact Norah Stofflet at (608) 266-0473.

ADMINISTRATIVE RULE HFS 110 UPDATE

The newly revised HFS 110 - Administrative rule for EMTs-Basic and ambulance service providers becomes effective March 1, 2001. The official version of this revised rule is not yet available on the internet, but will be soon. Look for a link on the Wisconsin EMS homepage. To request a printed copy, send your request via e-mail to: dixonki@dhfs.state.wi.us.



The most significant change for patient care is the addition of the use of albuterol, aspirin and glucagon to the scope of practice for EMTs-basic. Since our advisory groups have endorsed these additional medications for some time and because the medications are widely accepted as good medical practice, according to Administrative Rule HFS 110.10, we are waiving the effective date of March 1, 2001. Services will be allowed to start administering these medications as soon as the Emergency Medical Services (EMS) Systems Section receives and approves the service's plan. Approval requires that the following be submitted to the EMS Systems Section:

- A letter from the service medical director and service director accepting the new skills/medications. This letter should identify the instructor(s) and his/her qualifications to be used in training existing EMTs. It should also include a statement agreeing to use the approved training modules. These were sent to the service medical directors in October.
- Copies of the protocol for each skill/medication being used, signed and dated by the service medical director.
- As the administration of glucagon requires the use of a glucometer, a Certified Laboratory Improvement Act (CLIA) waiver must be obtained. Include a copy of the CLIA waiver. (Information on obtaining a CLIA waiver appears on page 4 of this newsletter.)

Approval for the <u>use</u> of these skills will be granted in writing when the above documents have been received and reviewed.

The revised rule has a number of significant changes that impact your service including the following:

- Operational Plan [110.04(1)d] - Each service will now required to have an operational plan. The Bureau will make available an electronic template on which to complete the plan and enable easy updates in the future. We will contact providers when the template is ready and will phase-in the requirement.
- Expanded Medical Director Role and Responsibilities [110.045 (4)]- The Medical Director will have more specific responsibilities and authority. The EMS Systems Section will no longer certify advanced skills. All licenses issued will now read EMT-basic. This means the medical director will authorize the use of skills such as defibrillation, non-visualized airways and epinephrine and no paperwork needs to be sent to the state office for individual EMT approval.
- New license level - EMT-basic IV [110.05] - A new license level comparable to the existing EMT-Intermediate has been included in the rules in anticipation of a transition to the new EMT-intermediate level, expected to go into effect at the end of 2001.

- New medications for EMTs-basic [110.05(4)] - This includes the optional use of albuterol, aspirin and glucagon for EMT-basic services.
- Refresher Training for EMT-basic IV [110.05(5)(b)3 and 110.05(6)(a)4] - An additional 12 hours, similar to the existing EMT-intermediate refresher training will be required.
- Continuing education for specific skills and medications [110.05(6)] - The continuing education requirements have been modified to the following new intervals:
  - 2 years - epinephrine and albuterol
  - 1 year - automatic defibrillation, non-visualized airway and glucagon
  - Manual defibrillation remains at 4 times/2 years or about every 6 months
- Training permit requirements [110.06(2)] - Only completion of first responder training or the first 46 hours of an EMT-basic course will qualify individuals for a training permit. The additional option of completion of a first aid course has been eliminated.
- EMT-basic course hours and content [110.07(4)] - The EMT-basic course length remains at 110 hours minimum and changes the maximum hours to 140. This was done to incorporate training on albuterol, aspirin and glucagon into the basic course.
- EMT-basic IV course [110.07(5)] - The training requirements are given for the new EMT-basic IV level. Minimum course length is 60 hours.
- EMT-basic operational plan [110.08] - The specific components of an EMT-basic operational plan are included in the rule. As was stated earlier, an electronic template will be made available on which to complete the plan and allow for easy update. Providers will be notified when the template is ready and the requirement will be phased-in so that the providers are not overly burdened.
- EMT-basic or basic IV special event coverage [110.08(6)] - Language has been added to make sure providers of special event coverage in another provider's 911 coverage area notify the primary service provider that they are providing coverage.
- Complaint investigation [110.09(4)] - Language has been added to allow state investigators easier access to information needed in an investigation. This language was added based on problems encountered in past investigations.

RADIOLOGICAL EMERGENCIES

It has come to our attention that Emergency Medical Technicians are being taught not to approach an injured victim when there is a suspicion of radiological contamination at the scene. Although it may be in the best interest of the caregiver to follow that rule for other types of contaminants, it is incorrect information in the event of radiological contamination according to Michael Mack of the Division of Public Health, Section of Radiation Protection

Emergency response personnel responding to situations involving patients contaminated with radioactive materials should give priority to life-threatening injuries and/or illnesses, regardless of the radiological contamination. The radiation dose received from the most serious contamination incidents will be less than the radiation received in one year from nature, and the potential health effects are negligible. If an emergency responder is involved with a situation where radioactive materials are present, move the patient away from the radioactive materials as soon as is possible without compromising patient care. Medical treatment can then be continued outside of the

contaminated area. The hospital should be notified that the patient may have been exposed to radioactive materials and that they should contact the Wisconsin Division of Public Health Radiation Protection Section at their 24 hour Emergency Hotline at (608) 258-0099 as soon as possible.

The procedure for *EMS treatment of a Radioactively Contaminated Patient* is attached to the end of this memo, as is a copy of the *Fire Department Procedures for Emergency Response to Incidents Involving Radioactive Materials.*

For further information, please contact Michael Mack at the Division of Public Health, Section of Radiation Protection (608) 267-4791.

METHAMPHETAMINE LABORATORIES CREATE RISKS FOR EMERGENCY RESPONDERS

Emergency responders such as police, fire and EMS personnel are at risk of serious injuries and death when they enter clandestine drug laboratories. Wisconsin is experiencing a growing number of these illegal drug laboratories where methamphetamine is being made. Methamphetamine (also known as 'crystal meth") a central nervous system stimulant, is manufactured in makeshift laboratories using readily available ingredients. These laboratories can be found anywhere, including apartments, hotel rooms, campgrounds, private homes, etc. and use solvents, acids, bases, and other toxic materials to manufacture the drug. "These are hazardous substances that are often corrosive, explosive, flammable, and toxic and can cause fires, explosions, and other uncontrolled reactions," according to experts from the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. Frequently the labs are discovered because of a fire or explosion at the site.

In the November 17, 2000 Morbidity and Mortality Weekly Report, the CDC stated that the hazardous substances released during and after an event usually enter the body by inhalation and skin absorption. Acute exposures can result in cough, headache, chest pain, burns, pulmonary edema, respiratory failure, coma, and death. Of the types of responders usually first on site, police officers had the greatest number of injuries because they were present during and immediately after a release. EMTs sustained most injuries through on-site exposure or direct contact with the clothing or skin of contaminated persons. Firefighters were least likely to be injured, as they were the most likely to be wearing protective equipment. The report indicates that out of 155 people injured in 112 reported events associated with methamphetamine manufacture, 79 were police officers, emergency medical technicians, firefighters or hospital employees.

Interventions to reduce the risk of injuries to responders include increased awareness of the risks associated with these illicit drug laboratories, more hazardous material training, better identification of the nature of the event before entering a contaminated area, wearing of appropriate personal protective equipment (PPE), and proper decontamination after exposure to hazardous substances.

More information on the risks associated with methamphetamine labs can be found at http://www.dhfs.state.wi.us/dph_beh/Env_Health_Resources/Chemical_Fact_Sheets/Chemfactshts/Meth%20Clean%20Up.htm, http://www.cdc.gov/niosh/npg/pgdstart.html **and** http://hazmat.dot.gov/erg2000/psnsort/htm**.**

HI-LIGHTS AND SIRENS NUMBERED MEMO SERIES

The *Hi-Lights and Sirens Numbered Memo Series* contains information that is of interest and importance to ambulance service providers and individual Emergency Medical Technicians. This memo is sent only to the ambulance service provider. We rely on the providers to share the information included in the memo series with their members. It is important that the current issue in the series be shared by hanging copies in an area where EMTs can read it. Additionally, remind your members that all issues of the Hi-Lights and Sirens Numbered Memo Series can be found on our website at: www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

WINTER ACTIVITY SAFETY TIPS

After long school days spent indoors, kids are anxious for some fun, sun and excitement. They flock to the ski hills, the sledding hills, the ice rinks and even their own back yards to participate in winter time activities, activities that present their own unique sets of risks and perils. But by using some common sense guidelines, Wisconsin winter activities can be fun and safe. Providers can use this information personally as well as promoting these tips in their communities.

COLD AND EXPOSURE

Inadequate protection or prolonged exposure to winter cold and wind can result in frostbite and/or hypothermia. Whatever the activity, children must dress appropriately for the weather conditions. Some practices for protecting children against cold related dangers include:

- Dress children warmly using boots, hats and mittens
- Layer clothing
- Dress children in water repellant outer clothing
- Make sure clothing is dry
- Tuck in loose scarves, drawstrings, etc.
- Limit the length of exposure, especially in colder temperatures and windy conditions (be mindful of wind chill, see chart at http://www.wemsi.org/wind_us.html)
- Allow children to warm up indoors with a warm drink such as hot chocolate

SKATING

Horseplay and even accidental falls can result in bumps and bruises, cuts, broken bones and head injuries. Skating on ponds, rivers, lakes and other deep bodies of water can result in drowning or near-drowning situations. Follow these guidelines for a safe skating outing:

- Skate only on surfaces that have been checked and deemed safe for skating
- Do not skate where "thin ice" signs are posted
- Don't skate alone
- No horseplay
- Children under 12 years of age should wear a bicycle or multi-sport helmet
- Skate in the same direction as the crowd and don't dart in and out between other

skaters

- Dress appropriately and limit exposure to harsh temperatures
- Layered clothing provides additional padding in case of falls

SLEDDING

Sledding is a fun and popular winter activity for the whole family. Unfortunately, sledding injuries send thousands of children to the emergency department every year. In recent years, there has been a dramatic increase in sled related injuries. Many are serious, requiring hospitalization and even resulting in death. Common sledding injuries include cuts and bruises, broken bones, broken necks and backs and head injuries resulting from collisions, lost control and falls off the equipment. Are you aware of the potential hazards that sliders encounter? If you think that these concerns are unfounded, remember that a typical sled can go 15-20 miles per hour and more. By becoming aware of the risks of sledding and using the following guidelines, you can prevent many of these injuries.

- Choose designated sledding hills with a gentle slope and long run off area, avoid steep hills
- Choose hills with packed snowy surfaces and avoid ice covered hills
- Be sure that the hill is free of obstacles such as trees, signs, fences, poles, drop-offs and rocks
- Don't slide into parking areas, roadways or rivers and lakes
- Always ride sitting and facing forward (going down head first increases the chance of head and spinal injuries)
- Tuck in arms and legs and loose clothing such as scarves and drawstrings
- Dress appropriately
- Children should be monitored for wet clothing, chilling, cold exposure and fatigue
- Children under 12 should be supervised by an adult
- Children under 5 should have an adult on the sled with them
- Sledding equipment should be in good repair with no sharp edges
- Avoid "jumps" that send a slider airborne (the higher they fly, the harder they fall)
- Use sleds or other devices that are easily controlled (inflatable tubes are hard to control)
- Sleds with runners and steering are preferred
- Children under 12 years of age should wear a bicycle or multi-sport helmet
- Layers of clothing protect against cold and also act as padding during spills
- Use well-lighted areas for evening sledding
- Walk up the side of the sledding area when returning to the top of the hill

FOR MORE INFORMATION

For more information on these and other topics, check out the Wisconsin Emergency Medical Services on the Internet at http://www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

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FIRE DEPARTMENT PROCEDURES

EMERGENCY RESPONSE TO INCIDENTS INVOLVING RADIOACTIVE MATERIALS

Life-threatening emergencies always have priority over concerns involving radioactive contamination.

1. Restrict access to area. Keep all non-emergency personnel & vehicles at least 500 feet from scene.
2. Approach scene that may involve radioactive materials with meters on and with personnel dosimetry in place. *Do not enter area > 100 mR/hr unless it is necessary to treat injured personnel or prevent the spread of radioactive contamination.*
3. Extinguish or control any fires. *Use the US Department of Transportation Hazardous Materials Guidebook or other appropriate guidance.*
4. Measure exposure levels at scene if possible and minimize personnel exposure by using appropriate time, distance, and shielding methods.
5. Setup controlled area for emergency personnel at least 100 feet from the scene. Remain upwind if possible. *Exposure levels in uncontrolled areas must be less than 2 mR/hr.*
6. Do not handle or move radioactive materials. Cover or contain materials to prevent contamination from spreading. Do not decontaminate anything at the scene unless directed by personnel from the Division of Public Health Radiation Protection Section.
7. Control access to and from controlled area if the possibility of radioactive contamination exists at the scene. *No unnecessary personnel or equipment shall enter the controlled area.*
   a. A control point should be established to control access to and exits from the scene. The control point should be manned at all times. All personnel shall enter or leave the scene through the control point.
   b. All material and equipment should remain within the controlled area.
   c. Personnel must be surveyed for radioactive contamination before they leave the controlled area. If survey equipment is not available, and personnel involved must leave the area, they should leave outer clothing and all equipment within the controlled area and change into fresh clothing when they pass through the control point. Personnel not surveyed should make themselves available for a survey as soon as possible. *Contamination is considered to be readings of 100cpm > background or greater when measured with a Geiger Mueller type instrument equipped with a "pancake" detector.*
   d. The names, social security numbers, addresses, and survey results if available should be obtained from all personnel that entered the controlled area.
8. Division of Public Health Radiation Protection Section personnel will survey all equipment at scene. The Section will arrange for the disposal of radioactive waste and evaluate exposure to all personnel involved with the incident.

NO EATING, DRINKING OR SMOKING IN CONTROLLED AREAS

24 HOUR EMERGENCY HOTLINE (608) 258-0099

Prepared by the Division of Public Health, Department of Health and Family Services.

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EMS TREATMENT OF RADIOACTIVELY CONTAMINATED PATIENTS

Life-threatening emergencies always have priority over concerns involving radioactive contamination.

1. Park upwind and outside controlled area set-up by police or fire dept. personnel. *If no controlled area is designated, park at least 100 ft. upwind of accident scene.*

2. Don protective clothing. *Wear gloves, booties, and coveralls.*

3. Provide emergency life-saving care to victim.

4. When medically feasible, remove victim from immediate area of suspected contamination. Remain within the controlled area.

5. Notify hospital as soon as possible to allow time to prepare receiving area.

6. Remove victim's clothing, if possible, and wrap victim in a clean sheet or similar covering.

7. Prior to leaving scene, remove outer protective clothing and change gloves. *Clothing and non-essential equipment should remain within the controlled area.*

8. Do not decontaminate personnel or equipment unless state health personnel are present.

9. Transport victim to hospital. *Change gloves after handling victim while en route.*

10. Transfer victim to clean hospital gurney. Ambulance personnel, sheets, blankets, and equipment should remain with the ambulance. The equipment and personnel are in a controlled area.

11. Ambulance personnel, equipment, and vehicle should not return to service until checked for radioactive contamination by state health or qualified hospital personnel.

NOTE: NO EATING, DRINKING, OR SMOKING IN CONTROLLED AREA

DEPARTMENT OF HEALTH AND FAMILY SERVICES
24 HOUR EMERGENCY HOTLINE (608) 258-0099

Prepared by the Division of Public Health, Department of Health and Family Services.